

## **EXHIBIT 3**

Marathon Petroleum Company LP  
Marine  
Boatcrew Report of Injury or Illness

Name: <u>Ryan Riddle</u>	Emp #: <u>779392</u>	Date/Time: <u>8/28/14</u>
Job Title: <u>Deckhand</u>	Watch/Start Time: <u>5730 pm</u>	Vessel: <u>Washutie</u>
Supervisor: <u>Mike Scott</u>	Time of Injury/Illness: <u>6:45 pm</u>	Location: <u>Left Elbow Wood River</u>
List any witnesses: <u>Dave Blaukenthal, Anthony Ginn, Michael Scott</u>		
Weather Conditions: <u>Heavy rain thunder</u> Deck Conditions: <u>Wet</u>		
Reported To: <u>Mike Ginn</u>	Date: <u>8/28/14</u>	Time: <u>7:30 Am.</u>
Date Hired: <u>5/12/08</u>	# Months in current position: <u>6 years 3 months</u>	
On-site 1 <sup>st</sup> Aid Treatment: <u>Ibuprofen, Ben Gay</u>	Provided By: <u>Mike Ginn</u>	
Was professional medical treatment sought? <u>NO</u>	Facility Name: _____	
If the employee died, when did death occur? <u>N/A</u>	_____	
Describe treatment or medication given: <u>Ibuprofen, Ben Gay.</u>		

Describe in detail your activities immediately before the incident: Tie off barges

Describe in detail how the injury/illness occurred: took line off barges

Describe in detail the parts of your body affected: lower back, pain radiates from lower back and sides into  
groin

Identify in detail any potential safety concerns related to this incident (examples equipment and/or acts):

Check protective equipment worn:							
Equipment	Worn	Equipment	Worn	Equipment	Worn	Equipment	Worn
Goggles	_____	Safety Glasses	✓	Safety Shoes	✓	H2S Monitor	✓
Face Shield	_____	Fall Protection	_____	Seat Belt	_____	Gloves	_____
Hard Hat	_____	FR Uniform	✓	Respirator	_____	PFD	✓
Other	_____						

Signature of Employee: R. Riddle

Date: 8/28/14

Completed by (if other than employee): \_\_\_\_\_

Date: \_\_\_\_\_